

PATENT**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE****In the PATENT APPLICATION of:****Victor Christou****Application No.: 09/445,050****Confirmation No.: 9402****Filed: March 6, 2000****For: ORGANOMETALLIC COMPLEXES****Group: 1617****Examiner: Lauren Q. Wells****Our File: SHP-PT050****Date: November 6, 2003**#20/F
HKO
11/13/03**SECOND SUPPLEMENTAL AMENDMENT****Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450****Sir:**

This Supplemental Amendment is being submitted in response to a phone conference with Examiner Wells on November 6, 2003. Please amend the application as follows:

PTO/SB/21 (05-03)

Approved for use through 04/30/2003. OMB 0651-0031

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/445,050
	Filing Date	March 6, 2000
	First Named Inventor	Victor Christou
	Art Unit	1617
	Examiner Name	Lauren Q. Wells
Total Number of Pages In This Submission	Attorney Docket Number	SHP-PT050

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attachment <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Ryan W. O'Donnell Volpe and Koenig, P.C. Reg. No. 53,401
Signature	<i>Ryan W. O'Donnell</i>
Date	November 6, 2003

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being sent Via Facsimile (703-746-5231) addressed to: Examiner Lauren Q. Wells, Group Art Unit 1617, on this date:	
Typed or printed name	Ryan W. O'Donnell
Signature	<i>Ryan W. O'Donnell</i>
Date	November 6, 2003

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